

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029179

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 75

STATE FILE NUMBER

FILED JUL 16 1963	
1. PLACE OF DEATH	
a. COUNTY MADISON	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN	a. STATE Missouri b. COUNTY MADISON
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MADISON Co. Memorial Hosp	d. STREET ADDRESS STAR ROUTE
3. NAME OF DECEASED	4. DATE OF DEATH
First FLORENCE Middle MAY Last EDEN	Month JULY Day 11 Year 1963
5. SEX FEMALE	6. COLOR OR RACE WHITE
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-30-1903
9. AGE (last birthday) 59	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME JOSEPH DE GUIRE	13b. MOTHER'S MAIDEN NAME BELL LUNSFORD
14. NAME OF HUSBAND OR WIFE KING EDEN	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address MRS. ROY FRANCIS, FREDERICKTOWN, MO.
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) Internal injuries as a result of an automobile accident	
DUE TO (b) of an automobile accident	
DUE TO (c) [REDACTED]	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I(a) Unknown	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto accident	20c. TIME OF INJURY Hour 7-11-63 Month, Day, Year 7-11-63
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7-11-63
20f. CITY, TOWN, OR LOCATION Fredericktown	COUNTY Madison STATE Mo.
21. I attended the deceased from 7-11-63 to 7-11-63 and last saw her alive on 7-11-63	
Death occurred at about 1:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE E.W. Dalrymple D.O. (Degree or title)	22b. ADDRESS 117 W. Main Fredericktown, Mo.
22c. DATE SIGNED 7-12-63	23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 7-13-63	23c. NAME OF CEMETERY OR CREMATORY MINE LA MOTTE CEM.
23d. LOCATION (City, town, or county) MADISON Co. Mo.	24. FUNERAL DIRECTOR SAM NASIM, Jr., Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG. 7-12-1963	26. REGISTRAR'S SIGNATURE Florence Hicks

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF MEDICAL CERTIFICATION

JUL 26 1963

OCT 14 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Robert L. Seabaugh, Student Embalmer No. 702

working under my personal supervision.

Student

Robert L. Seabaugh
Signature of Student Embalmer

Signed

James H. Lely

Licensed Embalmer No. 5086

P. O. Address

Lutesville, MD.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.